

FROM McANDREWS, HELD, & MALLOY

(MON) 11. 28' 05 18:24/ST. 18:24/NO. 4861050177 P 1



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TO: Phuoc Huu Doan

FAX NO.: (571) 273 - 8300

Examiner, Group Art Unit 2687

FROM: Michael T. Cruz

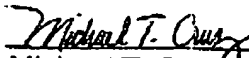
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TRANSMITTAL FORM		Application Number	09/936.082	
(to be used for all correspondence after initial filing)		Filing Date	August 21, 2001	
		First Named Inventor	J. Indirabhai	
		Art Unit	2687	
		Examiner Name	P.H. Doan	
Total Number of Pages in This Submission		8	Attorney Docket Number	15975US01
ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form (1 Page) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (4 Pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Exten. of Time Req. (1 Page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):		
Remarks	Extension of Time Request filed in Duplicate.			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm	McAndrews Held & Malloy, Ltd.			
Signature	<i>Michael T. Cruz</i>			
Printed Name	Michael T. Cruz			
Date	November 28, 2005			
CERTIFICATE OF FAX TRANSMITTAL				
I hereby certify that this correspondence is being sent via facsimile transmission to Examiner P.H. Doan at the United States Patent and Trademark Office, fax No. 571 273 8300, on November 28, 2005.				
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636	
Signature	<i>Michael T. Cruz</i>	Date	November 28, 2005	

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Effective on 12/08/2004.
Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
for FY 2005**

Complete If Known

Application Number	09/935,082
Filing Date	August 21, 2001
First Named Inventor	J. Indirabhai
Examiner Name	P.H. Doan
Art Unit	2687
Attorney Docket No.	15975US01

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NOV 28 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 120.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below☐ Charge Fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Small Entity Fee(\$)	Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee(\$)** **Fee Paid (\$)**

_____ -20 or HP _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee(\$)** **Fee Paid (\$)**

_____ -3 or HP _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

Fee **Fee Paid (\$)**

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee(\$)** **Fee Paid(\$)**

_____ -100 _____ /50 _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition for One-Month Extension of Time (\$120.00)**Fee Paid(\$)**

120.00

SUBMITTED BY

Signature	<i>Michael T. Cruz</i>	Registration No. (Attorney/Agent)	44,638	Telephone	(312) 775 8084
Name (print/type)	Michael T. Cruz			Date	November 28, 2005